



Please return to:  
 Fran Penner-Ray  
 Traffic Education Programs  
 Office of Public Instruction  
 Denise Juneau, Superintendent  
 PO Box 202501  
 Helena, MT 59620-2501  
 www.opi.mt.gov

**YEAR END REPORT** (formerly known as "SURVEY")  
**Traffic Education Programs**  
 For the Period  
 July 1, 2010 through June 30, 2011  
**FORM TE06**

**DUE:** Before **July 10**, submit TE06 online  
**ATTENTION:** The information requested herein will be compiled into a statewide summary for distribution to all high schools, to be used to track statewide program trends and costs, and assist OPI with program planning and assessment.

School Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
 Name of Person Completing Survey: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_

**OPI USE ONLY**  
 CO \_\_\_\_\_  
 LE \_\_\_\_\_  
 Ck'd \_\_\_\_\_

**PROGRAM DESCRIPTION:**

A. Regarding Traffic Education, did you:

1. Offer traffic education:  During regular school hours  Outside regular school hours  Summer

	Amount	Yes	No
2. Charge a fee for each student enrolled in traffic education during:			
1st semester .....	[ ]	[ ]	[ ]
2nd semester .....	[ ]	[ ]	[ ]
summer .....	[ ]	[ ]	[ ]
3. Plan to, for the upcoming school year and summer, increase the fee charged students? If yes, indicate new charge in the amount box. ....	[ ]	[ ]	[ ]
4. Grant credit for successful completion of traffic education? .....		[ ]	[ ]
5. Screen students for visual acuity before they are permitted behind-the-wheel? .....		[ ]	[ ]
6. Employ a traffic and safety education coordinator and/or supervisor? .....		[ ]	[ ]
7. Offer pedestrian safety instruction in your elementary and middle schools? .....		[ ]	[ ]
8. Offer school bus rider safety instruction in your elementary and middle schools? .....		[ ]	[ ]
9. Offer bicycle safety instruction in your elementary and middle schools? .....		[ ]	[ ]
10. Make your traffic education program available to adult beginning drivers? .....		[ ]	[ ]
11. Make your traffic education program available to students with disabilities? .....		[ ]	[ ]
12. Teach an instructional unit on sharing the road with motorcycles? .....		[ ]	[ ]
13. Emphasize and require use of seat belts? .....		[ ]	[ ]
14. Teach an instructional unit on the effects of alcohol/drugs and encourage students to not drink? .....		[ ]	[ ]
15. Use OPI's current Traffic Education Curriculum Guide? .....		[ ]	[ ]
16. Utilize computers as part of the traffic education program? .....		[ ]	[ ]
17. Conduct follow-up research to determine the accident involvement and violation rate of students successfully completing the traffic education program? .....		[ ]	[ ]
18. Involve parents in the traffic education program (Parent Night and/or Parent Ride Along)? .....		[ ]	[ ]
19. Participate in the Cooperative Driver Testing Program (CDTP) and administer the state driver license tests to your students? .....		[ ]	[ ]
20. Use OPI web page or METNET to obtain traffic education information? .....		[ ]	[ ]

B. Indicate the number of qualified instructors teaching traffic education on a: 1. \_\_\_\_\_ full-time basis  
 2. \_\_\_\_\_ part-time basis

C. Indicate the title of the textbook you use: \_\_\_\_\_ Year: \_\_\_\_\_

D. How many vehicles are used annually in your traffic education program? \_\_\_\_\_

E. How does the district obtain traffic education vehicles? (Check all that apply.)

CHECK

1. \_\_\_\_\_ free loan  
 2. \_\_\_\_\_ daily fee  
 3. \_\_\_\_\_ lease or rental  
 4. \_\_\_\_\_ district owned  
 5. \_\_\_\_\_ instructor owned  
 6. \_\_\_\_\_ other (please specify) \_\_\_\_\_

- F. Was/were your district traffic education vehicle(s) involved in an accident(s) during this reporting period?  Yes  No
1. Number of traffic accidents \_\_\_\_\_
  2. Number of persons injured \_\_\_\_\_
  3. Number of persons killed \_\_\_\_\_
  4. Amount of property damage \$ \_\_\_\_\_

G. Indicate which payment method(s) and rate(s)/amount(s) your district uses to determine traffic education instructors' salaries:

Payment Method(s)	Rate/Amount for Regular School Year Program	Rate/Amount for Summer School Program	
Check method(s) that apply:			
1. Hourly	<input type="checkbox"/>	<input type="checkbox"/>	
2. Weekly	<input type="checkbox"/>	<input type="checkbox"/>	
3. Monthly	<input type="checkbox"/>	<input type="checkbox"/>	
4. Per pupil	<input type="checkbox"/>	<input type="checkbox"/>	
5. Portion of scheduled salary	<input type="checkbox"/>	<input type="checkbox"/>	
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
What does your payment method equate to in <u>hourly wages</u> ?			
School session: hourly maximum rate	_____	Summer session: hourly maximum rate	_____
hourly minimum rate	_____	hourly minimum rate	_____

H. Indicate the number of students completing the district traffic education program during this reporting period: \_\_\_\_\_

I. List below all current fiscal year operational costs incurred including salaries for your traffic education program **REGARDLESS OF THE FUNDING SOURCE.**

Description of Traffic Education Program Expenditures	Amount
1. Gross salaries .....	\$ _____
2. Employer's contribution for employee's social security, retirement .....	\$ _____
3. Other employee benefits .....	\$ _____
4. Vehicle rent, lease or purchase fees (if school owned, calculate a yearly cost based on \$.485 per mile) .....	\$ _____
5. Vehicle fuel, oil, repairs, maintenance and installations .....	\$ _____
6. Vehicle insurance premiums .....	\$ _____
7. Instructional equipment (visual aids, etc.) .....	\$ _____
8. Rental fees for video, equipment, etc. ....	\$ _____
9. Textbooks and supplies .....	\$ _____
10. _____	\$ _____
11. _____	\$ _____
12. _____	\$ _____
13. _____	\$ _____
14. _____	\$ _____

J. **TOTAL COST INCURRED** (add lines 1 through 14 above)..... \$ \_\_\_\_\_

K. **AVERAGE COST PER PUPIL** ..... \$ \_\_\_\_\_  
(Line J, Total Cost, divided by Line H, Number of Students)

L. Indicate the number of eligible students, within the district boundaries, who desired to take traffic education and who were not able to do so because of:

1. Insufficient classes \_\_\_\_\_
2. Scheduling conflicts \_\_\_\_\_
3. Other \_\_\_\_\_ List reason: \_\_\_\_\_
4. Indicate how the district deals with eligible students unable to take the class when they desire.
  - a. First come \_\_\_\_\_
  - b. Oldest first served \_\_\_\_\_
  - c. Other \_\_\_\_\_ Explain: \_\_\_\_\_

**This survey is accurate and complete to the best of my knowledge. I understand that traffic education reimbursement for my school will not be processed unless this survey is completed by July 10.**

\_\_\_\_\_  
Signature, District Administrative Official Title Date